

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101589417	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
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48			/			
49			/			
50			/			
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS		██████		██████		██████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	≠
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98						
99						
100						
TOTAL IND.			↓	6	↓	
TOTAL DEP.	←		51	←		←
TOTAL CLAIMS		██████		██████		██████